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A Guide to Accommodating People with Disabilities

Massachusetts Developmental Disabilities Council
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Individuals representing a variety of disabilities compiled this guide. It represents a general consensus on the terminology.

No one person, or group, can know everything there is to know about disability or accessibility. There is always more to learn. We at the Massachusetts Developmental Disabilities Council welcome and encourage comments and criticism which can be useful in updates of the handbook, and know that a diversity of opinion among individuals and disability groups will continue to be a catalyst for a healthy dialogue about appropriate terminology to be used in discussions relating to disability. We urge readers to supplement this material with other sources of information, and at the top of the list of resources belong people with disabilities.

INTRODUCTION

Experience has shown that many people without disabilities are uncertain as to how to interact with individuals who have disabilities. This handbook attempts to remove some of the barriers to successful and mutually respectful interaction by discussing terminology and inhibiting situations which may arise.

People with disabilities agree that one of the biggest barriers to their full integration into the larger society is attitudes. Assumptions made about the quality of their lives, or misconceptions about their abilities to function as members of a work team, a family, or a community can create problems where none in fact exist.

Public attitudes significantly impact the quality of life for people with disabilities. While a number of Massachusetts and federal laws protect the rights of people with disabilities (most notably, the historic Americans with Disabilities Act), in the end, it is public attitudes which determine whether our society is one of value, invitation, and inclusion, or one where people with disabilities face an uphill battle for inclusion.

The single most important aspect of creating an open, disability-sensitive community is **ATTITUDE**: an understanding that people with disabilities are the best and most appropriate resource to gain information on inclusion, how best to refer to their disability, and how to respect their rights as equal citizens.

ACCESSIBILITY is the universal goal. Sometimes accessibility is very obvious, such as a building which is physically barrier-free. Access is also situational: meeting the specific needs of many employees and visitors may require little more than imagination, with little or no costs attached.

The **INTEGRATION** into society of people with disabilities is an ongoing process. As advancements in medical science continue, greater numbers of people with severe disabilities will survive; and as technology continues to advance, more accommodation needs will be met by new products. As science and technology evolve, so will the integration of people with disabilities.

SUGGESTIONS FOR INTERACTING WITH PEOPLE WITH DISABILITIES

- Talk directly to the person with the disability, even if the person is using an interpreter, has an attendant, or is using a wheelchair.
- Avoid remarks which focus on the disability, especially with someone you have just met.
- Maintain eye contact.
- Allow ample time for responses from people with speech disorders. Finishing statements for them is frustrating and demeaning. No need to lecture.
- Do not assume a person has multiple disabilities. For example: Do not presume that a person in a wheelchair also has mental retardation, or that a person who is blind also has a hearing impairment. People sometimes speak to individuals with physical disabilities as though they were talking to someone who has both hearing and cognitive or psychiatric disabilities.
- When talking to a person in a wheelchair, try to be at their eye level. If no chair is available, do not kneel; it may appear condescending.
- Ask the individual if assistance is needed.
- Use your usual tone of voice and manner of speaking. If the person cannot hear or understand you, he or she will let you know. Raising your voice or over-enunciating can cause confusion.
- When talking with a person who has a cognitive disability, speak in simple sentences. Adults with mental disabilities should be addressed in an age-appropriate manner. Sign or gesture to make yourself understood only if that is appropriate.
- If you do not understand what a person with a disability is saying, ask the person to repeat his statement.
- If a third party (example: a waiter, or salesperson) responds to your companion who has a disability by speaking directly to you, avoid eye contact. This way the third party will realize his mistake and direct his attention to your companion.
- Discuss ways to encourage membership and participation of people with disabilities in social, political, recreational, religious, and civic groups in which you are involved.

LOW-COST AND NO-COST ACCESSIBILITY IDEAS

- Set up **reception areas and waiting rooms** with at least one integrated space for wheelchair users.
- **Good lighting** benefits most people, but it is essential when lip reading or sign language is used. It can also be helpful to individuals with visual impairments.
- **Carpeting** provides better acoustics and minimizes echoes. Thick-pile carpets, however, are hard for users of wheelchairs.
- When choosing a **worksite or meeting location**, remember that newer construction and recent major renovations usually mean better physical access.
- Many people who are **legally blind** retain some vision and may benefit from visual input.
- An audible **public address system** enhances hearing accessibility for everyone.
- When **beverages** are provided, **straws** are necessary for people with dexterity, neurological, and other disabilities.
- **Doors with lever handles** are easier for everyone.
- **Signs** (black on white) which use **symbols** are more accessible to people with learning, cognitive and visual disabilities.
- **Curb cuts and access ramps** are rendered useless if not kept clear of ice and snow.
- During **meetings**, it is helpful if:
 1. Speakers wait to be recognized by the chair;
 2. Persons speak one at a time;
 3. Individuals introduce themselves for voice identification.
- Allow time before and after **presentations** for questions about presented materials.
- Make **printed copies** of speeches and presentations available ahead of time to allow for taping and interpreter familiarity.

- Do not stand or walk between **interpreters** and their audience.
- A **smoke-free environment** is required for people with emphysema, allergies, and other respiratory disabilities.
- **Reserved up-front seating** can be helpful for some people with hearing and visual disabilities.
- Avoid **flashing and flickering lights** and loud noises; they can trigger seizure disorders.
- **Modular workspaces** offer nearly limitless accommodation options and offer the added bonus of future modifications. They are preferable to creating a non-integrated, inflexible "handicapped workstation."
- **Commend and patronize** merchants, agencies, and professionals who operate **barrier-free establishments**.
- Black print on white, flat (not glossy) paper, with a combination of upper and lower case letters, provides good **visual contrast**. Large print is preferable, 14-point or larger, serif style (that is, with "feet" at the bottom). Avoid colored print or paper for essential information. Use color for a decorative border only.
- When encountering people whose actions may appear different, reserve judgment. Consider that a **large number of disabilities are "hidden,"** meaning they may have little or no outward manifestation. A few examples of "hidden" disabilities are emphysema, colitis, arthritis, deafness, diabetes, epilepsy, multiple sclerosis, HIV/AIDS, heart conditions, traumatic brain injury, Tourette Syndrome, psychiatric disorders, stroke, and Alzheimer's.
- Point out the inappropriate use of outmoded, **disability-insensitive words**, such as "crippling" strike, "lame duck" senator, and "blind" justice, to reduce their popular use and help eliminate them from everyday language. Disability terms used to criticize or insult, such as "Are you deaf/blind?" are demeaning, damaging, and **never acceptable**.

MAKING YOUR MEETING/CONFERENCE ACCESSIBLE

Checklist

1. Planning The Meeting

- Select a site which offers **physical accessibility**: entrance, meeting space(s), dining area, bathrooms, parking, public transportation, hotel accommodations, and public telephones.
- Make requests for **interpreters** well in advance.
- **Accommodations** should be anticipated and appropriate arrangements made to assist those with physical, visual, and hearing disabilities.
- **TDDs** must be in place, with trained staff available to operate them.
- Identify **resources** (i.e., people, adaptive equipment) that can provide technical assistance for situations which may arise.

2. Prior To The Meeting

- Be sure **meeting notices and registration materials are clear** (black type on white, flat paper, large print--14 point or larger is preferable and accessible). Include interpreter and physical access information and a request that perfumes, colognes and heavily scented chemicals not be worn, to avoid environmental sensitivity. List phone numbers as well as TDD numbers. Registration forms should also include accommodation requests for interpreters, large print/braille/tapes, personal care assistants, special meals, etc.
- Prepare clear, accurate verbal and visual **directions** to the site, including routes and entrances which are barrier free, and parking information.
- Prepare **written materials** in large print and/or braille. Tapes may also be appropriate.
- Prepare descriptive materials to accompany **visual presentations** and captioning of audio-visual presentations.
- Make arrangements for **lift-equipped transportation** (if transportation is being provided for others).
- Arrange for **alternative meals** for those with restricted diets (if meals are offered).
- Arrange for **Personal Care Attendants (PCAs)**, particularly if a large number of people with disabilities are anticipated.
- **Confirm Interpreter.** Share agenda and key materials with the interpreter in advance.
- **Site preparations.** Be sure that chair/table arrangements allow plenty of room, maneuverable for guide dogs, walkers, and large power wheelchairs. Reserved

seating should be made available directly in front of an interpreter where lighting is good. Wheelchair spaces should not be segregated in one area.

3. Starting The Meeting

- **Notify the interpreter that the meeting is beginning;** when interpreter not available, speak directly to the person(s) who is (are) deaf.
- **Make announcements** pointing out the fire exits, accessible bathrooms, accessible seating in front if needed, outdoor area for guide-dog walking, and non-smoking policy.
- Have panel members introduce themselves for **voice identification**, as you would with members of a small meeting group.
- Request that speakers from the audience **be recognized and identified** by the meeting chair, and that all present avoid speaking more than one at a time.

4. During The Meeting

- Plan regularly scheduled **breaks** for fatigue, and relief of stress.
- Remind **PCAs** to be readily available throughout the meeting.
- Ensure that any material presented to be read on the spot (e.g., from overhead projector, slides or handouts) is described orally.
- Make other **accommodations** as necessary, with respect for the personal dignity of each individual.

5. Concluding The Meeting

- Provide extra time and opportunities for questions to the presenters from those with cognitive disabilities, attention deficits, learning disabilities, etc.
- Thank interpreters and others who have provided assistance.
- Encourage feedback on access issues via meeting evaluations. Offer assistance to anyone who requests it **completing evaluation forms**.

The Massachusetts Developmental Disabilities Council endorses and encourages the linguistic and cultural inclusion of ethnic minorities with disabilities, including multiple language translations and interpreters. Contact us for more detailed suggestions.

PREFERRED TERMINOLOGY WHEN SPEAKING OR WRITING ABOUT PEOPLE WITH DISABILITIES

1. PREFERRED TERMINOLOGY	2. LESS ACCEPTABLE TERMINOLOGY	3. UNACCEPTABLE TERMINOLOGY
Person/people with a disability	<ul style="list-style-type: none"> ●Handicapped person/people (see <u>Editor's Note</u>) ●"Not disabled, just inconvenienced" trivializes the realities of living with a disability...an inconvenience to others, perhaps. ●"Physically challenged; otherly able; handicap-able." 	<ul style="list-style-type: none"> ●Invalid ●"Unlucky; poor; unfortunate victim." Avoid judgmental terms which neither serve nor are designed by people with disabilities. ●"Inspirational; heroic; courageous; overcoming their disabilities." People with disabilities want to be held to the same standard as non-disabled people, not put on a pedestal because of the disability itself.
People who are blind, people who are deaf, person with mental retardation.	Deaf people, blind people, retarded person.	"The" deaf, "the" blind, "the" retarded, "the" handicapped; these terms are dehumanizing and depersonalizing because they label the person exclusively by reference to the disability.
Person with a seizure disorder	Person with epilepsy (seizures)	Epileptic (fit)
Consumer	Client	Patient
Person with a motor disorder	Cerebral-palsied	Spastic
Person with a brain injury (TBI); person with limited functional capacity. Person with limited brain function.	Brain-damaged. Person in a vegetative state	"Vegetable"
Person with a spinal cord injury; person with a mobility impairment; wheelchair user; person who uses a wheelchair.	A quadriplegic (quad); a paraplegic (para); wheelchair person.	A cripple; wheelchair bound; confined to a wheelchair.

Person with a psychiatric disability.	Mentally handicapped; psychiatric patient.	Insane; lunatic; head case; nut; crazy; mental case; sociopath.
Person who is deaf/hard of hearing; person with a hearing disability; person who does not use voice; a native signer.	Deaf-mute.	Deaf and dumb
Person with one arm/leg; person with a prosthetic arm/leg.	Shrunken arm/leg; one-armed/legged.	"Withered" arm/leg
Person with alcoholism or chemical dependence.	An alcoholic, substance abuser.	A drunk; drug addict; druggie.
Person with mental retardation; person with Down syndrome.	Retarded person	A retard; an imbecile; feeble-minded; moron; idiot; mongoloid; borderline.
Person with AIDS	AIDS patient	AIDS victim
Cancer survivor	Cancer patient	"Afflicted" with cancer; "stricken" with cancer
Person who has arthritis	Arthritis patient	Arthritis "sufferer"
Non-disabled person; person without a disability.	"Temporarily able-bodied"	"Regular," "whole," "normal": If these terms describe people without disabilities, then the opposite would apply to people with disabilities, i.e. "abnormal," "less than whole."

1. There is no one "disability community," but rather a number of sub-populations and diverse individuals within the larger group. There is virtually no term which is always acceptable to all people; however, the preferred terminology represents a general consensus.
2. There are feelings both pro and con about these terms. Generally, the more traditional the context, the more acceptable they are.
3. We support the concept presented in the September 1990 Disability Rag, that people with disabilities have the right to label themselves whatever they choose. The words in column 3, however, are never acceptable when used to describe people with disabilities.

Editor's Note: The Associated Press Stylebook "people/persons" entry states:
"Use 'people' when speaking of a large or uncounted number of individuals.
'Persons' is generally used when speaking of a relatively small number of people
who can be counted, but 'people' may also be used."

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